

Tennessee Department of Intellectual and Developmental Disabilities OVERVIEW OF THERAPEUTIC SERVICE PROVISION

Therapeutic Services include physical therapy (PT), occupational therapy (OT), speech language pathology (SLP), nutrition, and orientation and mobility (O&M) for the purposes of this document.

Assessment and Planning

Establishing the Need for Therapeutic Service Assessment

The need for a therapeutic service assessment may be identified in a variety of ways. People transitioning from a developmental center may have received therapeutic services and supports that may need to be reassessed to determine any new support needs as they move into the community and adjust to their new environments and establish new daily routines. For others who are currently living in the community, the independent support coordinator (ISC), case manager (CM), family, residential or day service providers, advocates, and/or the primary care physician may identify the need for a therapeutic service assessment. In addition, various Department of Intellectual and Developmental Disabilities (DIDD) staff may assist in identifying the need for an assessment.

An assessment is indicated when an individual is experiencing a health and safety issue or a barrier to accomplishing a personal outcome or action related to the scope of services provided by a particular clinician. The reason an individual is being referred for an assessment must be justified by information in the Individual Support Plan (ISP)

Assessing Individual Needs for Therapeutic Services

An assessment must be ordered by a physician (for OT, PT, and SLP), pre-authorized (all services) and completed prior to the provision of any services, in order to establish/justify a need for a particular service. These will be discipline-specific assessments but should reflect collaboration with other clinicians as necessary. Documentation of discussions held with pertinent people who support the person (e.g. residential/day/personal assistant service provider(s), legal representative (if applicable), family, ISC/CM) must be included in the assessment in order to determine the areas of concern needing to be addressed.

The following specific domains are common areas of concern for individuals with intellectual disabilities and developmental disabilities and are to be addressed within the assessment by each discipline as applicable:

Occupational therapy

- Oral motor/mealtime
- Sensory processing
- Oral hygiene (as related to barriers such as tactile defensiveness, swallowing difficulties, need for adaptive equipment, etc.)
- Bathing

Physical therapy

- Mobility
- Transfers
- Wheelchair seating and positioning
- Alternate positioning

Speech language pathology

- Oral motor/mealtime
- Communication

Nutrition

- Impact of genetic disorders, etc. on dietary needs
- Drug-nutrient interactions
- Impact of nutrition on chronic diseases
- Planning menus for those following doctor prescribed diets

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Orientation and Mobility

- Blindness/vision impairment impact on function
- Sensory integration skills (residual vision, hearing, touch, etc.)
- Mobility motor skills related to accessing the environment
- Equipment needs

Assessments must also encompass a review of relevant assistive technology needs to identify equipment necessary to ensure health, safety, comfort and function. This may be achieved through commercially available equipment or through custom design and fabrication. Community resources for assistive technology may include durable medical equipment vendors, individual assistive technology practitioners and specialists, specialty clinics located in hospitals or rehabilitation centers, and assistive technology centers located within the community. Therapy service providers are expected to attend assistive technology assessments and subsequent follow-up appointments, as indicated, to ensure continuity of care.

The comprehensive analysis portion of the assessment must clearly identify what it is the person is trying to accomplish and how limitations and/or physical challenges impact function in order to justify the need for any recommended services. A Therapeutic Services Plan of Care (POC) is then drafted to include recommended goals, interventions, and timeframes for completion. Assessment recommendations should identify interventions needed to support the person across environments in terms of optimizing health and safety while identifying functional potentials related to overcoming barriers to personal outcomes and actions. The DIDD Regional Therapeutic Services Teams are available to provide consultation and technical assistance to service providers regarding assessments. Specific requirements for assessments can be found in Chapter 13, Section 13.10.a, b, c, and g of the DIDD Provider Manual.

The Planning Process

Once an assessment and recommended Therapeutic Services POC have been completed and a need has been established for services, the results are to be forwarded to the ISC or case manager who will share them with the Circle of Support (COS). Recommended POC goals the individual chooses to pursue must be related to support needs identified in the ISP. If necessary, the Therapeutic Services POC may need to be revised in order to reflect what will ultimately be addressed through services. Physician's orders must be obtained for service provision as required and then the recommended services must be pre-authorized.

When multiple disciplines are involved with providing services to an individual, the coordination and integration of these services must be clarified in order to meet the needs of the individual and avoid duplication of services. Once therapeutic services have been implemented, providers are responsible for completing an annual reassessment and update of the Plan of Care reflecting the need for continued services in line with the ISP effective date for each individual as outlined in Chapter 13, Section 13.10.g. of the DIDD Provider Manual if services are to continue into the following ISP year. If services are recommended to continue, an updated Therapeutic Services POC is to be completed and forwarded to the ISC/CM.

Service Provision

Integrated Services Model

The Office of Health Services, within the DIDD promotes the provision of therapeutic services from an integrated services frame of reference. This frame of reference promotes three phases of clinical service provision geared towards integrating necessary supports into an individual's daily routine where direct support staff, personal assistants (PA) and or family provide continuity and carryover into relevant aspects of the individual's life. The three phases are as follows:

- Direct Services
- Consultation
- Monitoring

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These phases might occur on a continuum or they might be occurring simultaneously, depending on the various support needs of the person.

Direct Services

The direct services phase may consist of any of the following:

- Development of staff instructions
- Training
- Hands-on clinical interventions

All therapeutic services must be provided face to face with the individual in order to be billed, with the exception of nutrition and orientation and mobility services. These two services can be provided just with the person's staff *for the purposes of training* when necessary and appropriate. Face-to-face services include "hands-on" skilled services, training, and monitoring.

Development of Staff Instructions and Training

Once assessment and planning are complete and services are authorized to begin, the first step in providing services is the development of needed written staff instructions that allow direct support staff and others to safely and consistently support the person in carrying out daily routines. When needed, staff instructions must be developed within 30 days of the initiation of services (see DIDD Provider Manual Chapter 13, Section 13.10.e.).

The development of staff instructions which address the needs of persons with intellectual and developmental disabilities that have physical concerns such as limited mobility, inadequate postural control and alignment and/or eating difficulties, is the first step in the provision of direct services. Lack of skilled support for these issues may result in additional health concerns such as weight loss, chronic respiratory infection, lung disease, aspiration, esophagitis, gastro esophageal reflux, poor skin integrity, and orthopedic problems, which impact the person's ability to maintain a healthy and fulfilling life. Staff instructions in the following areas are commonly needed:

- Mealtime
- Mobility
- Bathing
- Transfers
- Wheelchair seating
- Positioning
- Oral hygiene

Other needs for staff instructions based on support needs such as sensory diets or communication systems may also be identified following initial hands-on services when it is appropriate for direct support staff to take over carrying out a task with an person as a part of his/her daily routine.

Therapeutic service providers are responsible for collaborating with residential, day and/or personal assistant providers to develop staff instructions as necessary. When developing staff instructions, therapeutic service providers must take into account the individual's personal preferences to the best of their ability. Direct support staff and personal assistants are responsible for following staff instructions when assisting an individual with various tasks on a day to day basis.

Competency-based Training

Once staff instructions are developed, the therapeutic services provider must provide competency-based training for staff on how to carry out the instructions. Therapeutic service providers are then required to

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monitor the progress of the individual in regards to staff instructions as well as monitor ongoing training needs of the staff or new staff until designated trainers within the residential or day services agency are in place as appropriate. The Regional Therapeutic Services Teams are available to provide consultation and technical assistance regarding staff instructions, training staff, and/or establishing a designated trainer.

Hands-on Clinical Interventions

The provision of coordinated and integrated skilled services that build on strengths and potentials to ensure individual achievement of functional outcomes and actions are initiated once foundational staff instructions are in place. Therapeutic services may consist of a variety of skilled, hands-on interventions designed to assist individuals in accomplishing identified outcomes and actions in their ISPs.

Issues such as limited communication, sensory processing disorders, limited mobility, limited independence or safety during activities of daily living, difficulty following doctor-prescribed diets, and limited independence due to visual impairments are areas that may require time-limited hands-on therapeutic interventions. Interventions must be based on functional goals set forth in the Therapeutic Services POC. These direct interventions require the skills of a therapist to accomplish such functional changes as improved mobility (walking), reduced self-stimulatory or self-abusive behavior, improved communication skills, and improved gross or fine motor skills for work tasks, etc.

Interventions may also be directed at conducting trials of assistive technology or adaptive equipment in order to assist a person in obtaining necessary equipment identified in the assessment. Tolerance testing of equipment is also a necessary intervention in order to assure that the individual is able to tolerate such equipment as a new wheelchair/seating system, alternate positioning, splints, orthotics, etc. Other functional activities should occur during the time in which tolerance testing of equipment is taking place.

During the provision of hands-on intervention, it may be necessary and appropriate for certain services to be provided concurrently in order to integrate strategies and supports. When concurrent service provision or “co-treatment” is deemed necessary, the clinicians involved must be sure to document the need for this in their clinical contact note. Co-treatment should be time-limited but may occur at various times during the year as the individual changes in relation to the interventions.

Consultation

During this phase of services, the clinician begins to place greater emphasis on phasing out direct services and more on working with support staff and the person to integrate supportive activities throughout the person’s daily routines. Integration of supports throughout the person’s day promotes independence as well as minimizes or prevents associated health related risks. A strong partnership between the person receiving services, the therapeutic service provider, and the people supporting the individual on a day to day basis is crucial to the success of any recommended supports. As support needs are integrated into the person’s daily life, the therapist shifts into a consultative role that provides support and promotes brainstorming when challenges arise.

The following are critical components for promoting the integration of supports and services throughout a person’s day:

- Staff knowledge and competence related to providing positioning and alignment opportunities for individuals throughout their day while using lifting and transfer techniques which prevent staff injury as well as injury of the person;
- Staff knowledge and skills related to providing movement opportunities for individuals;
- Staff understanding of the impact that diet texture and consistency have on eating and swallowing;
- Proper use of specialized mealtime assistance techniques with individuals that insure safety, improve eating and drinking skills, and promote optimal levels of independence at mealtime;
- Proper use, care and maintenance of specialized assistive technology and adaptive equipment;

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- Staff knowledge and skills related to doctor prescribed diets and food choices and their impact on health
- Staff's ability to communicate effectively with persons they support
- Competency-based training specific to the needs of the person available from within a residential/day agency by a designated trainer; and,
- Monitoring and documenting the person's progress to ensure that problematic issues are recognized and communicated to the clinician.

Monitoring

As individual therapeutic services goals are met, the clinician shifts into a third phase of service provision which promotes continued support and problem solving as issues arise as well as periodic monitoring to assure that staff instructions and other support needs are being carried out and continue to be effective. Data from staff is obtained and analyzed to determine progress, lack of progress or maintenance of a stable status and any necessary changes are discussed, considered, and implemented as appropriate.

Conclusion

This overview of therapeutic service provision was geared towards providing HCBS Waiver therapeutic services providers and those applying to provide services with an overview of the model of therapeutic service delivery within DIDD.